

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/01/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/02/2006						
		FINANCIAL PAYER: NCMMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	319	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	118	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	16	777	902	125
		191	75	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404904	WESTERN HIGHLAN DS LME	8505	6730	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	366	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7225	7441	216
		8621	61	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8505	2287	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	264	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	2657	2984	314
		11	58	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	3	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	194	203	9
		11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	11	7663	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1359	11485	16851	5366
		8933	1031	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIALOR HEAL	21	557	DUPLICATE OF CLAIM-SYSTEM				
		79	13	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	591	694	103
		120	9	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404917	CENTERPOINT HUM AN SERVICES	8599	738	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	273	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	144	2554	5511	2957
		8505	216	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

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3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8505	647	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	184	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	32	998	1838	840
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	645	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	130	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	201	1392	4713	3321
		8534	103	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404921	ORANGE PERSON C HATHAM AREA	8505	3530	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1095	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	5025	5789	764
		10	80	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT ER	21	3612	DUPLICATE OF CLAIM-SYSTEM				
		8505	2604	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	9008	10770	1762
		191	1027	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	11	202	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	406	3636	3230
		537	35	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3674	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		537	223	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	47	4377	5521	1144
		8800	97	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	5404	836	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	575	DUPLICATE OF CLAIM-SYSTEM	581	3004	5369	2365
		8931	394	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404927	CUMBERLAND CO M HC	8505	1092	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	192	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1464	2132	668
		5404	155	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	3021	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	384	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	3407	3407	0
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	2118	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	273	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	186	2919	6560	3641
		8931	119	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	24	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	10	98	2563	2465
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	708	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	371	DUPLICATE OF CLAIM-SYSTEM	7	2033	2926	893
		79	227	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	333	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	522	1705	1183
		79	12	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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3404937	EDGEcombe NASH MNTL HLTH C	21	16	DUPLICATE OF CLAIM-SYSTEM				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	20	765	745
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8505	333	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	96	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	508	754	246
		8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	139	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		4102	117	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO	0	580	2596	2016
		21	104	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOMANN UMAN SERVIC	8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		5404	4	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	14	24	452	428
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	300	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	54	457	1341	884
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	79	657	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	627	DUPLICATE OF CLAIM-SYSTEM	41	2212	2687	475
		8599	602	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	194	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	229	428	199
		8800	3	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	115	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		537	110	PROCEDURE IS NOT COVERED FOR T	32	413	2611	2198
				HIS DATE OF SERVICE				
		8599	83	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	11	70	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8505	51	CLAIM DENIED DUE TO INSUFFICIE	0	156	358	202
				NT BUDGET				
		8800	26	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				